



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: Beachcruiser, LLC & 40 Ounce Hwy, LLC
2. How many total units are there? _____
 - a. Any college or university student housing? ☐ Yes ☒ No
 - b. Any vacant properties? If yes, complete the Vacant Building Supplemental Application. ☐ Yes ☒ No
 - c. Any condominium units? If yes, complete the Condominium Unit Supplemental Application. ☐ Yes ☒ No
 - d. Any properties to be insured that are not owned by the applicant? ☐ Yes ☒ No
3. What is the average monthly rent? 1BR \$ \$1000 2BR \$ 1800 3BR \$ 3000
 Are any properties rented by the day or by the week? ☐ Yes ☒ No
4. Does any building have aluminum wiring, knob and tube wiring, or fuses? ☐ Yes ☒ No
5. Does any building have Federal Pacific, Stab Lok, Zinsco, or Split-bus electrical panels? ☐ Yes ☒ No
6. Does any building contain lead paint? ☐ Yes ☒ No
7. Have you had any building code violations within the past 5 years? ☐ Yes ☒ No
 If yes, describe and advise current status: _____

8. Are heat and smoke detectors in all the units? ☒ Yes ☐ No
 If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☒ Yes ☐ No
9. Is there a fire extinguisher on each premises? ☒ Yes ☐ No
10. Is the property used as a Medical Recovery, Sober Living, Rehab, or Recovery Facility? ☐ Yes ☒ No
11. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☒ No
12. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☒ No
13. Are any units equipped with wood stoves or pellet stoves? ☐ Yes ☒ No
14. Is there a swimming pool, spa, or hot tub? ☐ Yes ☒ No
 If yes, complete the Swimming Pool Supplemental Application.
15. Is there any playground equipment or other recreational devices? ☐ Yes ☒ No
 If yes, describe the equipment/devices: _____

 If yes, is the equipment fenced? ☐ Yes ☐ No
 If yes, are rules for use clearly posted? ☐ Yes ☐ No
 If yes, how often is maintenance performed? _____

16. Are any of the properties manufactured or mobile homes?

☐ Yes ☒ No

If yes, how many? _____

If yes, complete the Manufactured and Mobile Home Park Supplemental Application.

17. Is the applicant now or previously involved in Residential Homebuilding, General Contracting, or Development operations?

☐ Yes ☒ No

18. Were any of the properties to be insured built by the applicant?

☐ Yes ☒ No

19. Is the applicant involved in any house flipping operations (i.e. purchasing, renovating, and then selling homes)?

☐ Yes ☒ No

20. Are any properties in foreclosure, receivership, bankruptcy, or owned by a bank or have been within the past 5 years?

☐ Yes ☒ No

If yes, describe: _____

21. Have there been any incidents of assault, battery, or other violent crimes at any premises to be insured within the past 5 years?

☐ Yes ☒ No

If yes, describe: _____

Applicant's Signature: _____



Date: _____

9/2/20